



Charleston Area
Medical Center

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July 19, 2018

Sue Painter, DNP, RN
Executive Director
West Virginia State Board of Examiners, for
Registered Professional Nurses

Dear Dr. Painter:

Charleston Area Medical Center (CAMC), on behalf of our 7,000 employees, our medical staff, our nursing staff, our board and most importantly our patients, appreciates the opportunity to comment on the *Series 1 Rule: Policies, Standard and Criteria for the Evaluation, Approval and Accreditation of Prelicensure Nursing Education*. CAMC, like most hospitals in the state, is dealing with the severe shortage of nurses. We currently have 150 nurse travelers at an extra cost of \$ 8.0 Million this fiscal year. We were very encouraged by the actions of the legislature especially with the passage of HB 4156.

The proposed rule, in some cases, ignores clear legislative intent. Based on the proposed rule, it appears the board intends to maintain, as one of its major functions, oversight and control of nursing education in West Virginia. I would encourage the board to focus instead on protecting the public through post-licensure oversight as is the case with most if not all other licensing boards in the state. As an example, neither the Board of Medicine nor the Board of Osteopathic Medicine approves medical education programs here at CAMC. They are approved by a national accrediting body. Taken as a whole, the rules are somewhat vague duplicative and confusing. Legislative rules should be clear, concise and specific.

Here are our specific comments in response to Title 19, Series 1: Policies, Standards and Criteria for the Evaluation and Accreditation of Colleges, Departments or Schools of Nursing :

1. The legislature was clear: the board should not require a needs assessment, especially since the needs assessment criteria has been used to delay sorely needed new nursing programs. Yet under 19-1-6.1.a, the rules still require a needs assessment as well as approval of a financial forecast. This should not be the role of a licensing body.
2. Language imbedded throughout is not specific and is unclear how the board would intend to measure or monitor which could lead to selective enforcement. For example: qualified faculty for clinical experiences (5.1.a.1.D.1), Sufficient number of faculty (5.1.d.1), preceptors shall demonstrate competencies (5.1.d.6), sufficient financial and other resources (6.1.b.), standards of a nursing education program (6.4.b), evidence for program outcomes (7.1.c).

We would request specificity in definition and outcome measurements.

Page #2
July 19, 2018

3. In 19-1-3, this statement is repetitive of (3.1.c). We have noted language has been removed regarding assurance of eligibility to take the state licensing examination and to apply for state licensure to graduates of state accredited nursing programs (3.1.d). This has been a role of the board in the past. Can you please provide rationale for removal.
4. In 19-1-8, we suggest the board should not have oversight to remove approval or seek to approve a change in organization or new owner in relation to nationally accredited nursing education programs (8.2).
5. Standards for Program visits should be separated: non-national nurse accredited program and national accreditation. Program visits for nationally accredited should be in accordance with (5.3.a, Non-national accredited would include (3.b.-3.d).
6. We are a learning institution and recognize the value of being a clinical facility for students. we work independently with schools of nursing to secure clinical affiliation. It would not be our preference that the board would maintain sole ownership of approval for out of state application for clinical learning experiences for nationally accredited education programs (19.7-6).

Again, we appreciate the opportunity to comment and look forward to your response.

Sincerely,



David L. Ramsey
Charleston Area Medical Center
President and Chief Executive Officer

Dr. Sue Painter, DNP, RN
Executive Director

email: rnboard@wv.gov
web address: wvrnboard.wv.gov



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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Avenue, SW
Suite 203
South Charleston, WV 25303-1443

July 25, 2018

David L. Ramsey
Charleston Area Medical Center
President and Chief Executive Officer
P.O. Box 1547
Charleston, West Virginia 25326

Dear Mr. Ramsey:

The West Virginia Board of Examiners for Registered Professional Nurses appreciates the letter from Charleston Area Medical Center. Nursing is one of the health professions that can cause harm to the public if practiced by someone who is unprepared and/or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners.

The following is a summary of decisions related to the request for modification(s):

- There were modifications to §19-1-6.1 a-h (removed) which outlines the application.
- The Board considered all suggestions to specificity in definition and outcomes measures: The term sufficient is determined by the nursing program not the Board; Qualified faculty is defined in 19CSR1-11 and the National Council of State Boards of Nursing (2017) defines a "Preceptor" means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, or supervisor in a clinical setting. This supports the premise of clinical competency as opposed to "current knowledge" of nursing practice. The Board is not implying they will interact and approve the preceptor -that is and has always been the programs responsibility to determine.
- Related to §19CSR1-3. the Board cannot "assure a graduate is eligible to take the state licensing exam based on state accredited nursing program" as the Board no longer accredits programs and each applicant is considered as an individual.
- For §19-1-8.2, a change in ownership is considered a substantive change by ACEN and the organization requests 4 months advanced notice of such a change to permit the approval for continued accreditation. The Board determined to continue this national standard.
- The visits for each type of nursing program (non-nationally accredited§ and national nursing accredited) are separated throughout the rule. Of note 19CSR1-3.b-d are documenting the purpose of approval.

- The Board has deleted the subsection §19-1-7.6.

For the Board,

A handwritten signature in cursive script, appearing to read "Sue Painter".

Sue Painter DNP, RN
90 MacCorkle Avenue SW
Suite 203
South Charleston, West Virginia 25303

To: Dr. Sue Painter
Executive Director
WV Board of Examiners for Registered Professional Nurses
Sue.A.Painter@wv.gov

From: Association of Deans and Directors of Nursing Education
Dr. Denise Landry, President

Date: July 19, 2018

Dr. Painter,

The WV Association of Deans and Directors of Nursing Education (ADDNE) has reviewed the proposed changes to Title 19, Series 1 and has the following questions/concerns and/or makes the following recommendations:

1. Suggested revision to title for Series 1: Current title: *Policies, Standards, and Criteria for the Evaluation, Approval, and Accreditation of Prelicensure Nursing Education*. ADDNE suggest removing the word *accreditation* from title (Since the WV Board of Nursing does not accredit programs) and adding the word *Programs* to end of the title for clarity. ADDNE proposes new title be: *Policies, Standards, and Criteria for the Evaluation and Approval of Prelicensure Nursing Education Programs*.
2. **19-1-2 Definitions**
 - a. 2.1 Last sentence. Can you clarify if new programs after July 1, 2018 have 5 years from admission of the first class to obtain accreditation or 5 years after full board approval as stated on page 8? And can you clarify what is meant by "full" board approval? What is criteria and time frame for full approval?
 - b. 2.2. ADDNE advocates leaving 2.2 in the new rules. This provides protection for the nursing program deans/directors as it relates to workload.
 - c. 2.6. b. ADDNE advocates leaving in this rule see to ensure a minimum standard for clinical preceptors.
 - d. 2.19 Recommend changing word accreditation to approval to read:
"Requirements" mean mandatory conditions which a college, department or school of nursing must meet in order to be approved.
3. **19-1-5 Required Criteria for Prelicensure Education Programs.**
 - a. 5.1. a.1.C. Reads "Coursework including, but not limited to:" ADDNE requests clarification regarding what is meant by coursework. Does this mean courses in the content areas of biological, physical, social, and behavioral sciences are required as specified in 13.2, or that content in these areas must be included in the curriculum and can be covered either in general education courses or nursing courses? ASN programs would find it difficult/impossible to include courses in the biological, physical, social and behavioral sciences. ADDNE supports changing this to content in these areas that may be incorporated in the nursing courses.

- b. 5.1. c.1.B. ADDNE supports removal of this requirement. It would be impossible for many programs to recruit doctoral prepared nursing program administrators. And this would mean that many of the current program administrators would not be qualified.
 - c. 5.1.d.1. ADDNE strongly suggests the faculty to student ratio in clinical of 1:8-10 be added, clearly stating this is not inclusive of labs, community clinical, or practicums. Without this statement, ADDNE believes program dean/directors will be pushed by university/college administration to increase the clinical size.
- 4. **19-1-6 Establishment for a New Prelicensure Nursing Education Program.**
 - a. 6.1. a. ADDNE questions whether this violates the revised WV Code 64-9-18 (effective March 9, 2018) where the WV Legislature directed the Board to strike out subsection 8.3 related to needs assessment.
- 5. **19-1-7 Continuing Approval of Prelicensure Education Programs.**
 - a. 7.3. a. ADDNE questions the purpose of the site visit by the Board to nationally accredited programs since the condition outlined would not affect programs national accreditation, and as such the program would have full board approval.
 - b. 7.4.b. Same as above
 - c. 7.4.c Same as above
 - d. 7.3.d Same as above
- 6. **19-1-8. Loss of Board Approval or National Nursing Accreditation.**
 - a. 8.1. Since loss of national accreditation means "the Board shall immediately withdraw approval of the program" ADDNE has concerns about the students remaining in the program. Will the program be allowed to "teach out" remaining students? Will these students be allowed to take NCLEX-RN?
 - b. 8.1.a.1. ADDNE seeks clarification of "on-time graduation rates." ADDNE supports use of the 150% of program length to calculate graduation rates. ADDNE further asks for how deficiencies in student retention and attrition shall be determined; i.e. what are the thresholds to be used?
 - c. 8.1.a.2. Should this read and/or lack of sufficient /adequate type and number of faculty.....
 - d. 8.1.a.5. ADDNE would like clarification of "simulated learning experiences." Does this include low fidelity manikins, static manikins, student practice where one student acts as patients, and/or standardized patients, or is this limited to high fidelity manikins?
- 7. **19-1-8 Reports**
 - a. 10.3. (currently stated as 8.5) ADDNE suggests that this be clarified to make clear this applies only to a non-national nursing accredited program, as in the statement in 10.2.
- 8. **19-1-12 Students in the Nursing Education Unit.**
 - a. 12.1. ADDNE supports leaving in the enrollment cap of no greater than 10%. This would provide deans/directors some leverage as university/college administrators push to increase enrollments.

9. 19-1-13 Curriculum

- a. 13.2. See comments related to 5.1.a.1.C. ASN programs would find it difficult/impossible to include courses in the biological, physical, social and behavioral sciences. ADDNE supports changing this to content in these areas that may be incorporated in the nursing courses.
- b. 13.3. Simulation. Again ADDNE seeks clarification about what is meant by simulation in this context. And given the wide variability is the use of simulation to substitute for traditional clinical experiences the Evidence of Compliance as outline in 13.3.a.1. -13.2.a.3. could be excessively burdensome.

ADDNE thanks the WV Board of Nursing for this opportunity to have input into the proposed rule changes. If you have any questions you may contact me at 304-696-2630 or at landry@marshall.edu

Sincerely,

Dr. Denise Landry

Dr. Denise Landry

President, ADDNE

Dr. Sue Painter, DNP, RN
Executive Director

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STATE OF WEST VIRGINIA
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July 25, 2018

Dr. Denise Landry
President - ADDNE
Marshall University
College of Health Professions
Prichard Hall 426
One John Marshall Drive
Huntington, WV 25701

Dear Dr. Landry:

The West Virginia Board of Examiners for Registered Professional Nurses appreciates the letter from the West Virginia Association of Deans and Directors of Nursing Education (ADDNE). Nursing is one of the health professions that can cause harm to the public if practiced by someone who is unprepared and/or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners.

1. Suggested revision to title for Series 1: **Response:** Throughout the nursing industry, the distinction is made between "prelicensure nursing education programs" and "post licensure nursing education programs. Prelicensure indicates any nursing education program which educates individuals who want to become Registered Professional Nurses. The post licensure programs are nursing education programs for licensed Registered Professional Nurses to advance their degree. The term prelicensure is used to indicate what program types the Board has authority to set policies, standards and criteria for the evaluation, approval and accreditation therefore, the term is needed.

2. 19-1-2 Definitions

a. 2.1 Last sentence. Can you clarify if new programs after July 1, 2018 have 5 years from admission of the first class to obtain accreditation or 5 years after full board approval as stated on page 8? And can you clarify what is meant by "full" board approval? What is criteria and time frame for full approval?

Response: The definition in §19CSR1-2.1 was modified to include some of the language suggested by your organization. The standards are in §19-1-5, §19-1-11, §19-1-12, §19-1-13 §19-1-14 and §19-1-15.b.

2.2. ADDNE advocates leaving 2.2 in the new rules. This provides protection for the nursing program deans/directors as it relates to workload. c. 2.6. b. ADDNE advocates leaving in this rule see to ensure a minimum standard for clinical preceptors.

Response: Regarding your concern with 19CSR1-2.2, the Board did modify and add back this section.

d. 2.19 Recommend changing word accreditation to approval to read: "Requirements" mean mandatory conditions which a college, department or school of nursing must meet in order to be approved.

Response: The Board modified §19CSR1-2.19 and §19CSR1-3.1.a as requested.

3. 19-1-5 Required Criteria for Prelicensure Education Programs.

a. 5.1. a.1.C. Reads "Coursework including, but not limited to:" ADDNE requests clarification regarding what is meant by coursework. Does this mean courses in the content areas of biological, physical, social, and behavioral sciences are required as specified in 13.2, or that content in these areas must be included in the curriculum and can be covered either in general education courses or nursing courses? ASN programs would find it difficult/impossible to include courses in the biological, physical, social and behavioral sciences. ADDNE supports changing this to content in these areas that may be incorporated in the nursing courses.

Response: For §19CSR1-5.1.a.1.C, the Board did modify to clarify the intent to have these topics as content and not specific courses.

b. 5.1. c.1.B. ADDNE supports removal of this requirement. It would be impossible for many programs to recruit doctoral prepared nursing program administrators. And this would mean that many of the current program administrators would not be qualified.

Response: The Board approved requested change to the administrator qualifications (§19CSR1-5.1.c.1.B) and those changes are congruent with the national nursing accreditors recognized by the US Department of Education.

c. 5.1.d.1. ADDNE strongly suggests the faculty to student ratio in clinical of 1:8-10 be added, clearly stating this is not inclusive of labs, community clinical, or practicums. Without this statement, ADDNE believes program dean/directors will be pushed by university/college administration to increase the clinical size.

Response: The term sufficient in §19CSR1-5.1.d.1 is determined the nursing program not the Board.

4. 19-1-6 Establishment for a New Prelicensure Nursing Education Program.

a. 6.1. a. ADDNE questions whether this violates the revised WV Code 64-9-18 (effective March 9, 2018) where the WV Legislature directed the Board to strike out subsection 8.3 related to needs assessment.

Response: The Board approved some changes based on all comments received and did remove the subsections §19-1-6 a-h. The Board is in progress to modify the application to remove any item related to those requirements.

5. 19-1-7 Continuing Approval of Prelicensure Education Programs.

a. 7.3. a. ADDNE questions the purpose of the site visit by the Board to nationally accredited programs since the condition outlined would not affect programs national accreditation, and as such the program would have full board approval.

b. 7.4.b. Same as above

c. 7.4.c Same as above

d. 7.3.d Same as above

Response: The Board reviewed and discussed this feedback. If the national nursing accreditor determines a program is not in compliance with all accreditation standards this would indicate a possible problem within the program which may place the patient at risk.

6. 19-1-8. Loss of Board Approval or National Nursing Accreditation.

a. 8.1. Since loss of national accreditation means "the Board shall immediately withdraw approval of the program" ADDNE has concerns about the students remaining in the program. Will the program be allowed to "teach out" remaining students? Will these students be allowed to take NCLEX-RN?

Response: The Board can not intervene with a program until the national nursing accreditation is lost. According to Accreditation Commission for Education in Nursing (ACEN) as well as the Commission on Collegiate Nursing Education (CCNE) policies govern this process. Each of the organizations have an appeal process which the program may utilize. Each of their website explain the processes involved. The program will need to apply as a program without this national nursing accreditation and meet the new program requirements.

b. 8.1.a.1. ADDNE seeks clarification of "on-time graduation rates." ADDNE supports use of the 150% of program length to calculate graduation rates. ADDNE further asks for how deficiencies in student retention and attrition shall be determined; i.e. what are the thresholds to be used?

Response: The Board stated the program would provide the definitions used at the program.

c. 8.1.a.2. Should this read and/or lack of sufficient /adequate type and number of faculty.....

Response: The Board determined the wording was not needed.

d. 8.1.a.5. ADDNE would like clarification of "simulated learning experiences."

Does this include low fidelity manikins, static manikins, student practice where one student acts as patients, and/or standardized patients, or is this limited to high fidelity manikins?

Response: The program determines the definition of simulated learning experiences.

7. 19-1-8 Reports

a. 10.3. (currently stated as 8.5) ADDNE suggests that this be clarified to make clear this applies only to a non-national nursing accredited program, as in the statement in 10.2.

Response: In reference to reporting For §19-1-10, only 2 comments were received. This annual report was revised in collaboration with the Deans and Directors in 2017 and non-nationally nursing accredited programs will complete these reports. Notification of the change in the annual reporting and how to access this was sent out a couple of months ago and I have not received any questions from the program to which it applies.

8. 19-1-12 Students in the Nursing Education Unit.

a. 12.1. ADDNE supports leaving in the enrollment cap of no greater than 10%. This would provide deans/directors some leverage as university/college administrators

push to increase enrollments.

Response: The Board modified the language based on this request.

9. 19-1-13 Curriculum

a. 13.2. See comments related to 5.1.a.1.C. ASN programs would find it difficult/impossible to include courses in the biological, physical, social and behavioral sciences. ADDNE supports changing this to content in these areas that may be incorporated in the nursing courses.

Response: See response above.

b. 13.3. Simulation. Again ADDNE seeks clarification about what is meant by simulation in this context. And given the wide variability in the use of simulation to substitute for traditional clinical experiences the Evidence of Compliance as outlined in 13.3.a.1. -13.2.a.3. could be excessively burdensome.

Response: See response above.

The modified rules will be available for review through the Secretary of State's web site by July 27, 2018.

For the Board,

A handwritten signature in cursive script, appearing to read "Sue Painter", written in dark ink.

Sue Painter DNP RN
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South Charleston, West Virginia 25303



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Phone (304)344-9744
www.wvha.org

July 17, 2018

Dr. Sue A. Painter
90 MacCorkle Avenue, SW
Suite 203
South Charleston, WV 25303

Dear Dr. Painter:

Re: LEGISLATIVE RULE 19CSR1, WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES RULE FOR POLICIES, STANDARDS AND CRITERIA FOR THE EVALUATION, APPROVAL AND ACCREDITATION OF COLLEGES, DEPARTMENTS OR SCHOOLS OF NURSING

On behalf of the West Virginia Hospital Association and its 63 member hospitals and health systems, we respectfully submit this letter to provide public comments in response to the above referenced **Legislative Rule 19CSR1 Policies, Standards and Criteria for the Evaluation, Approval and Accreditation of Colleges, Departments or Schools of Nursing**.

Throughout this proposed rule there are numerous provisions that are vague and lacking necessary specificity. This could lead to inconsistent application by the board and create uncertainty for applicants. As examples: 5.1.a.1.D.1 provides that "the program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program." It is unclear how an applicant can determine what the board will consider "clinical hours comparable to" or how to appropriately scale the hours to the satisfaction of the board; 5.1.a.1.D.2 provides that "clinical experiences shall be supervised by qualified faculty", but it offers no guidance as to what the board will determine to be "qualified faculty" for purposes of supervising clinical experiences; 5.1.d.1 provides that "there shall be sufficient number of qualified faculty to meet the outcomes and purposes of the nursing education program", but the rule doesn't define "sufficient number of qualified faculty"; 5.1.d.6 requires that "clinical preceptors shall demonstrate competencies" but those competencies are not provided nor is a method by which the clinical preceptor can demonstrate competencies to the satisfaction of the board; 5.1.b.4 requires students to meet "health standards and criminal background check requirements", but the "health standards" are not provided (In addition, the provision relating to criminal background check requirements should contain a reference to the proposed rule containing the background check requirements); and 6.1.b. requires "identification of sufficient financial and other resources", but it does not define "sufficient".

5.1.c. Administrator qualifications.

5.1.c.1.B. requires that an administrator have a doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree. Requiring administrators to have this level of education will substantially limit the number of qualified candidates for these positions.

6.1.a.- This subdivision requires the "results of a needs assessment, including identification of potential and available students and employment opportunities for program graduates" to be included in an application for establishing a new program. The needs assessment delays the development of new programs and we would ask that this requirement be removed.

6.1.f.- This subdivision requires that the "availability of qualified faculty and program administrator" be included in the application for establishing a new program. It is unclear how the applicant could accurately convey to the board the availability of such individuals prior to the program being established.

7.3.- This subsection provides, in part, that "program visits to a new nursing program shall be conducted as outlined by the board." We would ask that the board outline this in a rule to ensure uniformity.

8.1.- This subsection provides that "the board shall immediately withdraw approval of a program if the program's national nursing accreditation is lost." However, there is not guidance as to what happens to the students of the program. We would ask that provisions be added to remedy this issue.

8.2.- This subsection allows for the automatic withdrawal of approval when a program changes ownership or control. We would ask that this provision be removed or modified. Automatic withdraw will displace students currently enrolled in the program.

If you have any questions or concerns, please contact me at (304) 353-9720.

Sincerely,

Brandon Hatfield
General Counsel



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Avenue, SW
Suite 203
South Charleston, WV 25303-1443

July 25, 2018

Brandon Hatfield
General Counsel
West Virginia Hospital Association
100 Association Drive
Charleston, West Virginia 25311-1571

Dear Mr. Hatfield:

The West Virginia Board of Examiners for Registered Professional Nurses appreciates the letter from the West Virginia Hospital Association. Nursing is one of the health professions that can cause harm to the public if practiced by someone who is unprepared and/or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners.

The following is a summary of decisions related to the request for modification(s):

- The Board considered all suggestions to §19CSR1-5.1.a.1.D.1 and made no changes as this is based in best practice and provides flexibility.
- The term sufficient in §19CSR1-5.1.d.1 is determined the nursing program not the Board.
- 5.1.a.1.D.2 qualified faculty is defined in 19CSR1-11.
- Regarding §19CSR1-5.1.d.6, the National Council of State Boards of Nursing (2017) defines a "Preceptor" means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, or supervisor in a clinical setting. This supports the premise of clinical competency as opposed to "current knowledge" of nursing practice. The Board is not implying they will interact and approve the preceptor -that is and has always been the programs responsibility to determine.
- The students are to meet the health standards required by the clinical agency and/or the nursing program (5.1.b.4).
- The Board approved requested change to the administrator qualifications (§19CSR1-5.1.c.1.B) and those changes are congruent with the national nursing accreditors recognized by the US Department of Education.
- There were modifications to §19-1-6.1 a-h which outlines the application.
- For 19CSR1.7.3 The Board reviewed and discussed this feedback. If the national nursing accreditor determines a program is not in compliance with all accreditation standards this would indicate a possible problem within the program which may place the patient at risk. To provide

an outline would be prescriptive. The Board would focus on the issue(s) of concern whether it is a non-nationally accredited program or nationally accredited program.

- For 19-1.8.1 The Board can not intervene with a program until the national nursing accreditation is lost. According to Accreditation Commission for Education in Nursing (ACEN) as well as the Commission on Collegiate Nursing Education (CCNE) policies govern this process. Each of the organizations have an appeal process which the program may utilize. Each of their website explain the processes involved. The program will need to apply as a program without this national nursing accreditation and meet the new program requirements.
- For §19-1-8.2, a change in ownership is considered a substantive change by ACEN and the organization requests 4 months advanced notice of such a change to permit the approval for continued accreditation. The Board determined to continue this national standard.

The modified rules will be available for review through the Secretary of State's web site by July 27, 2018.

For the Board,

A handwritten signature in cursive script, appearing to read "Sue Painter".

Sue Painter DNP RN
90 MacCorkle Avenue SW
Suite 203
South Charleston, West Virginia 25303

Painter, Sue A

From: Chad Callen <ctcallen@wvjc.edu>
Sent: Monday, July 16, 2018 8:10 PM
To: Painter, Sue A; Lewis, Robin A
Subject: Proposed Changes to Title 19

Dr. Painter and Dr. Lewis,

I hope you both are doing well. I'm sorry I missed you at the last BON meeting. I hope to see you at the next one.

Regarding the proposed changed to Title 19, I would like to respectfully offer a couple of concerns that I hope will be entertained. If I should be sharing these concerns via some other means, please let me know.

I am not a nurse and care not to comment on nursing elements. However, I do know students and care very much about protecting them against potentially unintended consequences. I see that potential in these two proposed changes:

1. The proposed requirement that program directors have a Doctorate degree does not provide an allowance for transition. There is no language stating that current directors have until _____ to enter a program or complete. This is a problem as many schools would not be in compliance with rule immediately upon its effective date.

Additionally, it is nearly impossible to find qualified nursing directors now. We've been looking for 18 months for a director to start an ADN program at our Charleston campus with no success. We have not even found a qualified candidate, let alone conduct an interview. Adding this higher level requirement would make finding directors nearly impossible and would put programs and students at risk. We would also be limited in our ability to educate an adequate supply of RNs for our communities.

2. 19-1-8.1 states that "The Board shall immediately withdrawal approval of a program if the program's national nursing accreditation is lost." I strongly recommended this language not be so definitive as it ~~WOULD~~ hurt students. For example, if a program loses national accreditation today, the students would NOT lose federal aid and the program could "teach out" responsibly. If the board automatically pulls its approval in coordination with national nursing accreditation loss, then students could immediately lose financial aid eligibility and would be on the streets with debt and no degree or ability to obtain licensure. This would not be an appropriate to handle the situation and would be unfair to students who would be innocent bi-standards of a national accreditation loss. I respectfully propose that the language be changed so that the board has flexibility with its recognition, allowing it to provide time and oversight of a teach out, if necessary.

Thank you for your consideration.

Chad T. Callen, CPA

President and Chief Operating Officer



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Executive Director

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July 25, 2018

Chad Callen CPA
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Dear Mr. Callen:

The West Virginia Board of Examiners for Registered Professional Nurses appreciates the letter from the West Virginia Junior College. Nursing is one of the health professions that can cause harm to the public if practiced by someone who is unprepared and/or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners.

The Board approved a change to the administrator qualifications and based those changes to be congruent with the national nursing accreditors recognized by the US Department of Education.

The Board can not intervene with a program until the national nursing accreditation is lost. According to Accreditation Commission for Education in Nursing (ACEN) as well as the Commission on Collegiate Nursing Education (CCNE) policies govern this process. Each of the organizations have an appeal process which the program may utilize. Each of their website explain the processes involved. The program will need to apply as a program without this national nursing accreditation and meet the new program requirements.

The modified rules will be available for review through the Secretary of State's web site by July 27, 2018.

For the Board,

A handwritten signature in cursive script, appearing to read "Sue Painter".

Sue Painter DNP RN
90 MacCorkle Avenue SW
Suite 203
South Charleston, West Virginia 25303

Painter, Sue A

From: Elkins, Sheliah <Sheliah.Elkins@southernwv.edu>
Sent: Wednesday, June 27, 2018 11:19 AM
To: Painter, Sue A
Subject: 19CSR1 - Comments

Dr. Painter, I am concerned about new rules included in 19CSR1 specifically 5.1.c.1.B which states that administrators must have a doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree. Southern's associate degree program is nationally accredited by ACEN which states the administrator of an associate degree program must hold a graduate degree with a major in nursing. This rule would therefore not affect us unless we wanted to add programs or satellite campuses. Any new programs would be under BON regulation and would require a doctoral prepared administrator. This rule will comprise the expansion of programs or beginning new programs. Doctorate prepared nurses in our rural setting are rare. It is my opinion that this rule would, for an associate degree nursing program, be detrimental to the education of associate degree nurses.

My second concern is the deletion of 2.2 which addresses and limits the amount of time the administrator can teach. ACEN states the administrator should have sufficient time and resources to fulfill the role responsibilities. Who decides what that is? Some institutions may want to give administrators a full load with a small amount of release time to perform administrative duties. This would be difficult especially for a new administrator of a program.

Thank you for consideration of my comments.
Respectfully,

Sheliah Elkins MSN, RN, CNOR
Coordinator for Nursing
Professor Nursing
Southern WV Community & Technical College
304-896-7322
sheliah.elkins@southernwv.edu

Mission Statement

Southern West Virginia Community and Technical College provides accessible, affordable, quality education and training that promote success for those we serve.

Vision Statement

Southern aspires to establish itself as a model of leadership, academic excellence, collaboration, and occupational training, equipping its students with the tools necessary to compete and prosper in the regional and global economies of the twenty-first century.

Dr. Sue Painter, DNP, RN
Executive Director

email: rnboard@wv.gov
web address: wvrnboard.wv.gov



TELEPHONE:

(304) 744-0900

FAX (304) 744-0600

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Avenue, SW
Suite 203
South Charleston, WV 25303-1443

July 25, 2018

Shelia Elkins MSN, RN, CNOR
Coordinator for Nursing
Southern WV Community & Technical College
2900 Dempsey Branch Road
Mt. Gay, West Virginia 25637

Dear Ms. Elkins:

The West Virginia Board of Examiners for Registered Professional Nurses appreciates the letter from the Southern WV Community & Technical College. Nursing is one of the health professions that can cause harm to the public if practiced by someone who is unprepared and/or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners.

The Board approved a change to the administrator qualifications and based those changes to be congruent with the national nursing accreditors recognized by the US Department of Education.




Regarding your concern with 19CSR1-2.2, the Board did modify and added included this section.

The modified rules will be available for review through the Secretary of State's web site by July 27, 2018.

For the Board,

A handwritten signature in cursive script that reads "Sue Painter".

Sue Painter DNP RN
90 MacCorkle Avenue SW
Suite 203
South Charleston, West Virginia 25303

 Reply  Reply All  Forward




Shelia Kyle <skrnedd@gmail.com>

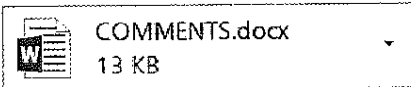
Painter, Sue A /

 1

3:54 PM

Comments

 You forwarded this message on 7/20/2018 4:17 PM.



Dr. Painter- I am sending just a few comments related to the proposed new rules.

Thank you for a chance to respond.

COMMENTS/THOUGHTS R/T 19-1

5.1.a.1.B rule discussed need for evidence-based learning experiences and methods of instructions:

Might cause less confusion if evidence-based was defined and/or state as determined by whom.

5.1.a.1.C 3 (e)- discussed quality improvement activities.

Might need clarification as I can see how associate degree nursing faculty would have c concern that this would be difficult to present in AND program.

5.1.d: related to sufficient number of faculty

Define sufficient. I know that this was sometimes difficult to determine.

13.2- word nursing had been deleted from front of word "courses". Why? Believe it should read "nursing courses" to be clear that support courses are intended to augment and expand. Can see this being interpreted as not needing supplemental general education courses.

Dr. Sue Painter, DNP, RN
Executive Director

email: rnboard@wv.gov
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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Avenue, SW
Suite 203
South Charleston, WV 25303-1443

July 25, 2018

Shelia Kyle PhD, RN
2 Mockingbird Drive
Milton, West Virginia 25541

Dear Dr. Kyle:

The West Virginia Board of Examiners for Registered Professional Nurses appreciates the letter from a distinguished educator in our state. Nursing is one of the health professions that can cause harm to the public if practiced by someone who is unprepared and/or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners.

The Board received only your comment related to evidenced-based learning experiences and the quality improvement activities and determined the language did not create confusion therefore no change was made to the language.

The term sufficient in §19CSR1-5.1.d is determined the nursing program not the Board.

The term nursing was not required as the student participates in more than required nursing courses.

The modified rules will be available for review through the Secretary of State's web site by July 27, 2018.

For the Board,

A handwritten signature in cursive script that reads "Sue Painter".

Sue Painter DNP RN
90 MacCorkle Avenue SW
Suite 203
South Charleston, West Virginia 25303



UNIVERSITY OF CHARLESTON

CAPITO DEPARTMENT OF NURSING

July 19, 2018

Sue Painter, DNP, RN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses
90 MacCorkle Avenue SW, Suite 203
South Charleston, West Virginia, 25303

Dear Dr. Painter,

Thank you for the opportunity to comment on *Title 19, Series 1, Policies, Standards, and Criteria for the Evaluation, Approval, and Accreditation of Prelicensure Nursing Education*. After review of the proposed legislative rules there appears to be an intent to increase regulations and oversight of nursing education in West Virginia. In addition, many of the proposed changes are extremely subjective, thus leaving interpretation up to the individual reviewing a nursing program. This subjectivity may be detrimental to the overall outcomes of a nursing education program. As you are aware, there is a nursing shortage in West Virginia and these rules could help to exacerbate this shortage. On behalf of the University of Charleston Capito Department of Nursing the following comments, concerns, questions, and recommendations are submitted for review.

POLICIES, STANDARDS AND CRITERIA FOR THE EVALUATION, APPROVAL AND ACCREDITATION OF PRELICENSURE NURSING EDUCATION

§19-1-2. Definitions.

2.2119. "Requirements" means mandatory conditions which a college, department or school of nursing must meet in order to be accredited.

Throughout the rules the word accredited has been removed and replace with "approved". It is recommended the word "ACCREDITATION" be removed from the title of the rule since the West Virginia Board of Examiners for Registered Professional Nursing (RN Board) does not accredit nursing programs.

§19-1-5. Required Criteria for Prelicensure Nursing Education Programs.

5.1. The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the U.S.

Department of Education. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States Department of Education by January 1, 2022.

What is the RN Board's definition of "integral part of a governing academic institution"? Please clarify.

5.1. a.1. D.1. The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.

Currently the RN Board does not prescribe the number of clinical hours in a nursing education program. Is it the intent of the proposed rules to, in the future, mandate through a Board Parameter a quantifiable number of clinical hours required in a nursing education program?

What is the RN Board's definition of "an approved program of equivalent size and program type"? This is vague and open to interpretation. For example, the University of Charleston may have an associate degree nursing program with 60 students enrolled and Southern West Virginia Community College may also have an associate degree nursing program with 60 students enrolled. Although both have the same type of program and the same number of students they are entirely different institutions. One is a private university located in the state's largest city, Charleston and the other is a public community college located in Logan, a rural area of the state. The two programs are entirely different.

It is recommended this section be removed.

5.1. c.1. Administrator qualifications in a program shall include:

5.1.c.1.B. A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree;

This section contradicts section 4.1.g. of this proposed rule which states "The nursing program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for the program". If this section remains in the rule many nursing programs throughout the state would have to close due to the inability to hire an administrator with a doctoral degree.

In 2017 only 3.2% of the population in West Virginia held a doctoral degree (<http://www.towncharts.com/West-Virginia/West-Virginia-state-Education-data.html>). Given this fact, the administrator qualifications should be a graduate degree with a major in nursing.

§19-1-6. Establishment of a New Prelicensure Nursing Education Program Application for Legal Accreditation.

46.1.a. a letter of intent identifying the governing institution, the type of nursing education program, and the status of approval from accrediting bodies and state agencies Results of a needs assessment, including identification of potential and available students and employment opportunities for program graduates;

Currently there is a nursing shortage in West Virginia and across the nation. According to the U.S. Bureau of Labor Statistics more than one million job openings for registered professional nurses will exist by 2024. In December 2017 *The State Journal* reported this shortage is more than double the number in years past (<https://www.wvnews.com/statejournal/w-va-nursing-shortage-said-to-be>

[worst-ever/article_32302564-2691-53a3-9ae6-95462e7b153d.html](#)). What additional "needs assessment or survey" is needed? During the 2018 legislative session the needs survey was removed from the requirement to start a new nursing program. This appears to be an attempt by the RN Board to reinsert this requirement for starting a new nursing program. It is recommended 6.1.a. be removed to comply with the legislation previously passed.

46.2. A survey may be conducted to amplify, clarify, and verify information in the application. Approval for admission of students: The proposed program shall provide the Board with verification that the following program components and processes have been completed:

6.2.an Employment of a program administrator and faculty to develop the program:

Employment of nursing faculty to develop a new program prior to approval by the RN Board is unreasonable. During the past ten years state colleges and universities in the state have seen dramatic state appropriations. It would be nearly impossible to meet the standards of this rule.

If an institution was able to hire faculty to develop the program and the RN Board denied the program there could be legal ramifications. Requirements for a nursing faculty are specific. They are usually not in a position to teach in other disciplines outside of nursing. In addition, most faculty are hired on a contract, 9, 10, or 12 months. Without a nursing program the institution would have to continue to pay the nursing faculty throughout the end of the contract.

It is recommended "and faculty" be removed.

§19-1-57. Accreditation of Education Unit Continuing Approval of Prelicensure Education Programs.

57.1. Visits and surveys. evaluation: The Board, through its executive secretary director and/ staff or other qualified persons, shall periodically survey evaluate all non-national nursing accredited nursing education programs every other year until the program receives national nursing accreditation accredited by the Board, including all satellite sites of any program. The Board shall review and analyze various sources of information regarding program performance, including, but not limited to:

What is the purpose of a visit by the RN Board every other year if a program is seeking national accreditation and nothing has changed? Programs must graduate the first class prior to applying for accreditation. Why has this been added? This appears to be over regulation by the RN Board.

7.1.c. Other evidence regarding achievement of program outcomes including, but not limited to student retention, attrition and on-time graduation rates; sufficient type and number of faculty; faculty competence and faculty retention and turnover; adequate laboratory, simulation and clinical learning experiences; NCLEX-RN pass rates which are at least 80% for first-time test-takers in the last calendar year; trend data and action planning related to NCLEX-RN performance; employer and graduate satisfaction; performance improvement initiative related to program outcomes and program complaints or grievances review and resolution. nursing education programs accredited by the Board, including all satellite sites of any program.

Please clarify the RN Board's definition of "on-time graduation rates". This is ambiguous and could be left up to the interpretation. The Accreditation Commission for Education in Nursing (ACEN) defines

program completion rates as "Percentage of students who graduate within a defined period of time. The definition used by the ACEN for a nursing program completion rate is the number of students who complete the program in no more than 150% of the stated nursing program length, beginning with enrollment on the first day in the first nursing course, which can vary based upon a nursing program option. The expected level of achievement for program completion rate is determined by the faculty based on student demographics such as the population served by the governing organization and nursing education unit. Student demographics may include but are not limited to individual characteristics such as age, sex, education, and income level, as well as considerations for admission status and peer program performance". It is recommended this language be used to define on-time completion rates.

5.3.a. there is a concern regarding the school's compliance with standards for nursing education programs the national nursing accreditor determines a program is not in compliance with all accreditation standards;

Typo and should be 57.3.a.

57.3.ab. there is a concern regarding the school's compliance with standards for nursing education programs;

57.3.bc. the director of the nursing program changes;

57.3.c. a major curriculum change is proposed; and/or

57.3.d. a complaint has been submitted to the Board.

If the only thing that changes in a nursing program is the program director, why would that trigger a visit by the RN Board. Additionally, with any complaint, regardless of substantiated or not, trigger a visit? Does this apply to nationally accredited programs? If so, how does the RN Board justify this given prior language in this rule?

57.4. Board approval Accreditation of an existing program when ownership and control are changed. When a governing organization contemplates a change of ownership and control of a program, it shall send notice of the intended change to the Board 90 days prior to the effective date of the intended change. The owner or governing organization expecting to assume responsibility for the program shall immediately make application for accreditation Board approval. If the Board is satisfied determines the owner or governing organization which will be responsible for the new program meets the criteria for accreditation approval and will comply with the recommendations of the Board, it may be provisionally accredited approved.

Please look at this section very carefully. Within the last few months the ownership and control of Saint Mary's Hospital was acquired by Cabell Huntington Hospital. Given the change in ownership did Saint Mary's School of Nursing notify the RN Board 90 days prior to the intent of the proposed change? Were they required to submit a new application for approval as stated in the current rule? Does this require a site visit by the RN Board? If so, why if the only thing that changed was ownership?

Recommend removal of this section:

§19-1-68. Loss of Accreditation Board Approval or National Nursing Accreditation.

68.1. Loss of accreditation through failure to meet standards. The Board may withdraw accreditation from any nursing education program which fails to meet legal and educational requirements or Board standards to the satisfaction of the Board within a reasonable time period as determined by the Board. The program shall be removed from the list of Board-approved professional nursing education programs. The Board shall notify the administrator of the nursing education unit in writing of deficiencies in the nursing education program. Loss of national nursing accreditation, fail to meet standards in 19CSR1 or fail to meet national accreditation nursing standards and lose national nursing accreditation. The Board shall immediately withdraw approval of a program if the program's national nursing accreditation is lost. Board approval shall be granted once the nursing program's national accreditation is fully reinstated. Any program seeking approval by the Board which does not have national accreditation, must submit an application as a new program and meet all new program requirements contained in this rule.

Loss should be changed to lost.

This section is very vague. What would happen to the students currently enrolled in the nursing program? Will students enrolled in the last semester of the program be allowed to take the NCLEX-RN exam? Is there an appeal process? This section appears to be extremely punitive and will have a detrimental impact on students.

68.1. a.1. deficiencies in compliance with this rule, student retention, attrition and on-time graduation rates;

Please see section 7.1.c.

68.1. a.5. failure to provide sufficient variety and number of clinical learning opportunities for students to achieve stated objectives/outcomes and/or inadequate laboratory and simulation learning experiences;

Is the RN Board requiring all programs to have simulation learning experiences?

68.2. Loss of accreditation approval through change of organization. When a program changes ownership or control, the Board shall automatically withdraw approval accreditation. The new owner or organization shall comply with the provisions of subsection 5.3. of this rule to continue the nursing education program.

Recommend removal of this section as it is redundant, please see 57.4.

§19-1-810. Reports.

810.3. A university, college, or hospital desiring to initiate a new nursing education program shall complete a needs assessment report for submission to the Board at least one month prior to a scheduled Board meeting. The Board shall determine the format and guidelines for submitting this report.

8.4. A nursing education unit desiring to implement a substantial change to the nursing education program shall submit its request to the Board one month prior to a scheduled Board meeting. The nursing education unit shall not implement a substantial change to a nursing education program prior to receiving permission to do so by the Board.

8.5. At the Board's discretion, it may request additional reports from a nursing education unit to include, but not be limited to, written plans for improving licensure examination pass rates of graduates and progress reports.

Please clarify this section. Does this apply to all programs? If so, why if a program is nationally accredited?

§19-1-13. Curriculum.

13.2. The nursing courses shall be supported by courses which meet the requirements of the governing organization, including biological, physical, social and behavioral science courses to provide a foundation for safe and effective nursing practice.

This section contradicts 5.1. a.1. C.1, which states "Content in the biological, physical, social, and behavioral sciences to provide a foundation for safe and effective nursing practice". Content and courses have two distinct meanings. If it is the intent of the RN Board to mean courses, then many of the ADN nursing programs will be out of compliance with the policies of the West Virginia Community and Technical College System (CTCSWV).

On July 15, 2011 Title 135, Procedural Rule West Virginia Council for Community and Technical College Education, Series 11, Degree Designation, General Education Requirements, New Program Approval, and Discontinuance of Existing Programs went into effect. This rule establishes standards for community and technical colleges to determine the appropriate degree designation for academic programs and the general education requirements for the respective degrees.

The majority the programs under the CTCSWV award an Associate in Applied Science (AAS) degree. Total credit hours for the AAS degree may be no more than 60. When programs were revising their programs to meet the maximum credit hour requirements general education requirements were deleted due to content being offered in the nursing program.

It is recommended the word course be replaced with content:

13.3. Simulation. A prelicensure nursing education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours. A program that uses simulation shall adhere to the standards set in this section.

13.3. a.1. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.

13.3.b. Facilities and Resources. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

13.3.c. Faculty Preparation. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

13.3.d. Curriculum. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

13.3.e. Policies and Procedures. The program shall have written policies and procedures on the following:

13.3.e.1. short-term and long-term plans for integrating simulation into the curriculum;

13.3.e.2. method of debriefing each simulated activity; and

13.3.e.3. plan for orienting faculty to simulation.

13.3.f. Evaluation. The program shall develop criteria to evaluate the simulation activities and students shall evaluate the simulation experience on an ongoing basis.

13.3.g. Annual Report. The program shall include information about its use of simulation in its annual report to the Board of Nursing.

Simulation and simulation labs have never been required for nursing education programs. Why are they now being mandated? Will all nursing education programs, including those with national accreditation, be required to have a fully functioning simulation lab?

What is the RN Board's definition of simulation, standardized patients; low fidelity simulation; high fidelity simulation; computer assisted instruction; in-situ community simulation; etc.? Must all programs have a faculty member who serves as the simulation coordinator? Where will schools find the funding necessary to send faculty to simulation training? Is the RN Board aware of the cost for nursing faculty to attend simulation training and ultimately become certified in simulation? The cost is approximately \$6,000 - \$10,000 per faculty member.

Given the increased cost for the program and the undue hardship it will place on parent institutions it is recommended section 13.3 be removed from the rule.

Did the RN Board carefully review the proposed changes related to the current nursing shortage? How will the proposed changes impact other legislative rules already in place? Higher education institutions must abide by numerous legislative laws and rules, not just those put into place by the RN Board.

According to the West Virginia Secretary of State website there is a meeting scheduled for June 24, 2018 to review of comments for proposed legislative rules for 2019 legislative session. Will there be an opportunity to participate in this meeting via phone or WebEx? Thank you for the opportunity to provide comments, concerns, questions, and recommendations.

Sincerely,



Pamela L. Alderman, EdD, MSN, RN
Dean Bert Bradford School of Health Sciences
Director Capito Department of Nursing



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Avenue, SW
Suite 203
South Charleston, WV 25303-1443

July 25, 2018

Pamela L. Alderman, EdD, MSN, RN
Dean Bert Bradford School of Health Sciences
University of Charleston
2300 MacCorkle Ave SE
Charleston, WV 25304

Dear Dr. Alderman:

The West Virginia Board of Examiners for Registered Professional Nurses appreciates the letter from the University of Charleston.

Nursing is one of the health professions that can cause harm to the public if practiced by someone who is unprepared and/or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners.

The following is a summary of decisions related to the request for modification(s):

- In reference to the title, you are correct the Board no longer accredits nursing programs however the term is used to indicate the two types of programs in West Virginia.
- The Board changed the word integral to integrated based on comments.
- The Board considered all suggestions to §19CSR1-5.1.a.1.D.1 and made no changes as this is based in best practice and provides flexibility.
- The Board approved requested change to the administrator qualifications (§19CSR1-5.1.c.1.B) and those changes are congruent with the national nursing accreditors recognized by the US Department of Education.
- The Board approved some changes based on all comments received and did remove the subsections §19-1-6 a-h. The Board is in progress to modify the application to remove any item related to those requirements.
- The Board modified 19CSR16.2 to remove "faculty" from this requirement.
- 19CSR1.7.1 is a best practice throughout the nation.
- For §19-1-7.c the Board agreed and the program would provide the definitions used at the program.
- The Board appreciates your finding the typographic error and is modifying the document.

- The suggestions for §19-1-7.3.c were considered however the Board felt that if a concern was identified by the director position changing, this could indicate problems within the program.
- A change in ownership is considered a substantive change by ACEN and the organization requests 4 months advanced notice of such a change to permit the approval for continued accreditation. The Board determined to continue this national standard.
- The Board can not intervene with a program until the national nursing accreditation is lost. According to Accreditation Commission for Education in Nursing (ACEN) as well as the Commission on Collegiate Nursing Education (CCNE) policies govern this process. Each of the organizations have an appeal process which the program may utilize. Each of their website explain the processes involved. The program will need to apply as a program without this national nursing accreditation and meet the new program requirements.
- The Board is not requiring all programs to have simulation experience but placed these in the rule since AADNE had requested this in the past. With the publication of evidence from the National Councils of State Boards of Nursing, these were included.
- In reference to reporting §19-1-10, only 2 comments were received. This annual report was revised in collaboration with the Deans and Directors in 2017 and non-nationally nursing accredited programs will complete these reports. Notification of the change in the annual reporting and how to access this was sent out a couple of months ago and I have not received any questions from the program to which it applies.

The modified rules will be available for review through the Secretary of State's web site by July 27, 2018.

For the Board,



Sue Painter DNP RN
 90 MacCorkle Avenue SW
 Suite 203
 South Charleston, West Virginia 25303



PO Box 1946
 Charleston, WV 25327
centraloffice@wvnurses.org
wvna.wvnet.org

July 19, 2018

West Virginia Board of Examiners for Registered Professional Nurses

Dr. Sue Painter, Executive Director
 90 MacCorkle Avenue, SW, Suite 203
 Charleston, WV
 Email: sue.a.painter@wv.gov

Dear Board Members,

The West Virginia Nurses Association (WVNA) appreciates the opportunity to comment on the proposed Title 19 Series 1 Legislative Rule (19CSR1) related to Policies, Standards and Criteria for the Evaluation and Accreditation of Pre-licensure Nursing Education.

We recognize the duty of all occupational licensing boards is public protection. Educational programs ability to adapt and expand to meet the significant professional nursing demand of the state is an important component of public safety. Crafting regulatory requirements that promote quality nurse graduates while assuring rules do not cause undue burden for educational programs is challenging. From receipt of input from WVNA members and nursing stakeholders we respectfully submit the following comments. Where feasible, we offer alternative suggested language for consideration.

Section	Current Language	Inquiry/Concern/Input	Recommended Language
§19-1-2 Definitions	2.1. "Accredited college, department or school of nursing" means a college, department or school nursing education program which <u>has Board Approval</u> meets the requirements of W. Va. Code §30-7-1 et seq, this rule, and any other applicable laws and rules. For purposes of considering applications for licensure, the Board may recognizes nursing education programs accredited <u>by a national nursing accreditor recognized by the United States Department of Education</u> or approved	This clause appears to include more than a definition and blends accreditation with Board approval. As we now understand the statute passed during the 2018 Regular Session, there shall essentially be two types of nursing programs: non-nationally accredited nursing programs that must be approved by the Board until national nursing accreditation is achieved and nationally accredited nursing programs that are generally exempted from the majority of the Board's regulatory reporting and oversight requirements as not to be duplicative. We	2.1. "Accredited college, department or school of nursing" means a college, department or school nursing education program which is accredited by a national nursing accreditor recognized by the United States Department of Education.

	<p>by a comparable Board or other recognized authority in another jurisdiction. <u>All nursing education programs shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States Department of Education by January 1, 2022 and a program created after July 1, 2018 shall have 5 years to obtain this accreditation.</u></p>	<p>recommend simplifying this definition to provide more clarity and removing the sentence requiring the timeline for national nursing accreditation as it is not technically a definition and is also found subsequently in §19-1-5 & §19-1-7.</p>	
	<p>2.5. <u>"Board approved" means a nursing program who meets the standards in this rule or is accredited by a national nursing accrediting agency recognized by the United States Department of Education. National nursing education accreditation is considered board approved and is exempt from board rules that require ongoing approval if the school or program maintains this accreditation.</u></p>	<p>Add some of the language removed from 2.1 above to make clear that Board approval must meet all statutory requirements and is subject to this rule and to add programs approved by a comparable Board in another state or jurisdiction.</p>	<p>2.5 "Board approved" means a nursing program who meets the requirements of W.Va. Code §30-7-1 et seq, this rule, and any other applicable laws and rules. For purposes of considering applications for licensure the Board may recognize nursing education programs approved by a comparable Board or other recognized authority in another jurisdiction. Programs accredited by a national nursing accrediting agency recognized agency by the United States Department of Education are considered Board approved and exempt from rules related to Board approval.</p>
	<p>2.6. "Clinical Preceptor" means a registered professional nurse <u>in good standing in the state in which he or she is providing the</u></p>	<p><u>"Demonstrating competencies"</u> seems to imply the preceptors must interact and be approved specifically by the Board which would</p>	<p>2.6. "Clinical Preceptor" means a registered professional nurse in good standing in the state in which he or she is providing the</p>

	<p><u>preceptorship with education preparation at or above the level for which the student is preparing; who may serve as a teacher, mentor, role model or supervisor in a clinical setting and shall demonstrate competencies related to the area of assigned clinical teaching responsibilities</u></p>	<p>add burden to the clinicians and the healthcare facilities in which they work.</p>	<p>preceptorship with education preparation at or above the level for which the student is preparing; who may serve as a teacher, mentor, role model or supervisor in a clinical setting and has current knowledge of nursing practice at the registered nursing level in the area of assigned clinical teaching responsibilities</p>
	<p>2.2018. "Renewal of accreditation" "Continuing Board Approval" means continuation of accreditation-board approval of a nursing education program because the program based meets the requirements of W. Va. Code §30-7-1 et seq, of this rule, any other applicable laws and rules and when applicable, has current accreditation by a national nursing accrediting agency recognized by the United States Department of</p>	<p>Appears duplicative as it is already stated under the definition of "Board Approval" above in 2.5</p>	<p>DELETE</p>
	<p>Education means continuation of accreditation based on survey visits, conferences, correspondence, and contents of the annual report during the reporting period and is granted for a time period determined by the Board</p>		
	<p>2.2119. "Requirements" means mandatory conditions which a college, department or school</p>	<p>This appears to imply the Board has authority to accredit programs when in fact they are authorized to have</p>	<p>2.2119. "Requirements" means mandatory conditions which a college, department or school</p>

	of nursing must meet in order to be accredited.	requirements for approval. Nursing accrediting bodies recognized by the US Department of Education set requirements for accreditation if the definition in 2.1 above is adopted.	of nursing must meet in order to be <u>approved</u> .
§19-1-3 Purposes of Nursing Education Approval	3.1.a. <u>To promote the safe practice of nursing by implementing standards for individuals seeking licensure as a registered professional nurse. Protection of the public through evaluation of pre-service professional nursing education programs in terms of the criteria set forth in this rule;</u>	This section relates to nursing education programs not to standards for <u>individuals</u>	3.1.a. To promote the safe practice of nursing by implementing educational standards for pre-licensure nursing programs educating individuals who desire to seek licensure as a registered professional nurse.
	3.1.d. <u>To ensure ongoing evaluation and improvement of nursing education programs-Assurance of eligibility to take the state licensing examination and to apply for state licensure to graduates of state accredited nursing programs</u>	Will the stricken language cause students to have problems taking the licensing examination?	3.1.d. To ensure ongoing evaluation and improvement of nursing education programs-and assure eligibility to take the state licensing examination and apply for state licensure to graduates of state approved and national nursing accredited programs
§19-1-5. Required Criteria for Prelicensure Nursing Education Programs.	<u>5.1. The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the U.S. Department of</u>	In the sentence "the nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the US Dept of Education", what does the term <u>integral</u> mean? How is that enforced? Also, does this mean that a nursing program has to	5.1. The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States

	<u>Education. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States Department of Education by January 1, 2022.</u>	be a part of or a larger academic institution? How is that enforced? What about stand-alone nursing programs that are not part of a college or university?	Department of Education by January 1, 2022.
	<u>5.1.a.1.C.1. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice</u>	Higher education policy limits the number of total credit hours of programs. Does "content" mean that there does not have to be a separate course of all of these components but that it can be interwoven throughout the curriculum? (ALSO SEE LATER COMMENT ON §19-1-13)	5.1.a.1.C.1. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice that may be interwoven throughout courses within the programs curriculum.
	<u>5.1.a.1.D.1. The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.</u>	What does size of the program have to do with the number of clinical hours? Is there not a recognized standard number of clinical hours accrediting bodies require of each individual student regardless of the size of the program?	5.1.a.1.D.1. The program shall provide clinical hours as required by national nursing accrediting bodies approved by the US Department of Education.
	<u>5.1.c.1.B. A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree;</u>	As the WVNA understands, there are a number of nursing school administrators, particularly those awarding Associate Degrees in Nursing, that DO NOT have as their administrators RNs with a doctoral degree. For Associate Degree programs, the national nursing accrediting agency (ACEN) does not require a doctoral degree for program administrators. It has been reported to the	DELETE

		WVNA that this requirement has the potential to result in program closures because it would translate to current Administrators of Associate Degree programs to no longer meet the definition of administrator qualifications.	
	<u>5.1.d.1. There shall be sufficient number of qualified faculty to meet the outcomes and purposes of the nursing education program</u>	What is the meaning of "sufficient number"? To ensure compliance for programs perhaps a more specific definition or clarification of that particular standard is necessary. Do national accreditors have more precise requirements as to "sufficient"?	More direction on what "sufficient" shall be interpreted as by the Board and/or refer to "sufficient number of qualified faculty as interpreted by national nursing accrediting agencies recognized by the US Department of Education."
	<u>5.1.d.6. Clinical preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities and will serve as role models and educators for students. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences.</u>	"Demonstrate competencies" appears to imply clinical preceptors must interact and be approved specifically by the Board.	5.1.d.6. Clinical preceptors shall be competent in the areas assigned clinical teaching responsibilities and will serve as role models and educators for students. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors shall
	<u>Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.</u>		have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.
<u>§19-1-6. Establishment of a New Prelicensure Nursing Education Program Application for Legal Accreditation.</u>	46.1.a. a letter of intent identifying the governing institution, the type of nursing education program, and the status of	What is the difference between this "needs assessment" and the following clauses referenced and the "feasibility study" in prior	

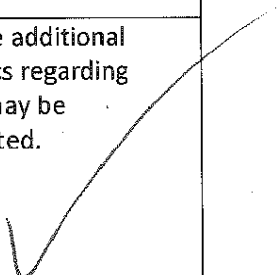
	<p>approval from accrediting bodies and state agencies <u>Results of a needs assessment, including identification of potential and available students and employment opportunities for program graduates;</u></p> <p>46.1.b. documentation that demonstrates the potential to meet all standards identified in this rule <u>Identification of sufficient financial and other resources;</u></p> <p>46.1.c. verification that a qualified nursing program administrator meeting the requirements of this rule is employed to develop the nursing program <u>Governing institution approval and support;</u></p>	<p>19CSR1 (§19-1-4.1.b) that was repealed by the Legislature via HB4079 passed during the 2018 Regular Session. Does this comply with legislative intent?</p>	
	<p>46.2. A survey may be conducted to amplify, clarify, and verify information in the application. <u>Approval for admission of students</u></p>	<p>Are these two sections (19-6.1 and 19-6.2) duplicative and redundant? As currently written new programs appear to have to first apply to the Board to have a new program approved under §19-6.1 and then subsequently go back to the Board to ascertain approval to admit students under §19-6.2. Is there a method in which these requirements of §19-6.1 and §19-6.2 can be rolled into a singular interaction with the Board so once approved they are also</p>	

		permitted to admit students when their planned infrastructure is in place.	
	46.4. Following receipt of the first calendar year report of performance of graduates on the national licensure examination, the Board shall conduct a survey visit to determine if all standards for approval of a nursing education program have been met.	What specifically are the "standards" that the Board will be assessing at their visit as to ascertain whether a program will be granted full approval versus provisional approval?	More concrete and measurable standards so programs can be compliant with said "standards". While it is understandable that being too prescriptive can be limiting, not having specific, measurable, realistic expectations leaves open either lack of compliance because standards are vague and/or selective enforcement wherein any program can be challenged by the Board at any time. If they are standards listed elsewhere in rule, insert the specific citation as reference
<u>§19-1-57. Accreditation of Education Unit Continuing Approval of Prelicensure Education Programs.</u>	<u>7.1.c. Other evidence regarding achievement of program outcomes including, but not limited to student retention, attrition and on-time graduation rates; sufficient type and number of faculty, faculty competence and faculty retention and turnover; adequate laboratory, simulation and clinical learning experiences; NCLEX-RN pass rates which are at least 80% for first-time test-takers in the last calendar year; trend data and action planning related to NCLEX-RN performance, employer and graduate satisfaction; performance improvement initiative</u>	What are acceptable levels of student retention, attrition and on-time graduation rates? What does a sufficient number mean in regard to faculty? The NCLEX-RN pass rate of at least 80% for first-time test-takers in the last calendar year is a good example of a specific, measurable, timed expectation but the others seem vague or could be given in more concrete ranges of acceptability with a clause saying if programs do not meet the specific range special consideration of situations causing undue hardships to students, programs or communities may be permissible with	

	<p><u>related to program outcomes and program complaints or grievances review and resolution.</u> nursing education programs accredited by the Board, including all satellite sites of any program.</p>	<p>Board approval.</p> <p>What is the last partial sentence: "nursing education programs accredited by the Board, including all satellite sites of any program." ? Was that mistakenly kept in that clause?</p>	
	<p><u>57.3. Program visits, to a new nursing program shall be conducted as outlined by the board. Additional program visits to a non national nurse accredited program and a nursing program with national accreditation shall be conducted if: in addition to regularly scheduled visits;</u></p> <p>(sections 7.3.a-7.3b omitted because of no specific concern)</p> <p>57.3.b.c. the director of the nursing program changes;</p>	<p>Why would a Board visit be required of a nursing program with national accreditation (or even a not yet accredited program that has high NCLEX pass rates) merely because the director of the program changed and nothing else of substance that would be impactful to students day to day was altered?</p>	<p>Delete 7.3.c. in this section.</p> <p>Alternatively this section could be broken down between when visits are necessary for non-national nurse accredited programs and programs that are nationally accredited limiting Board visits to nationally nurse accredited programs to only if an accreditor determines a program is not in compliance with accreditation standards, there is a concern regarding the school's compliance with national nursing accreditation standards or a complaint has been submitted to the Board.</p>
	<p>57.65. A distance-learning program shall establish a means for assessing individual student and program outcomes.</p>	<p>Why are distance learning programs distinctly cited here? Should not ALL types of programs have means for assessing individual students and program outcomes?</p>	
	<p>57.6. A nursing education program based outside the state of West Virginia desiring to have students in a clinical facility in West Virginia shall:</p>	<p>Is it typical for the professional/occupational Boards to be involved in this rather than being between a clinical facility in WV and the school outside of WV? What if a hospital accepts one student from a border</p>	

	<p><u>5-7.6.a.</u> notify the Board, in writing, 30 days in advance of the clinical learning experience for Board approval:</p> <p><u>5-7.6.a.1.</u> name of student, including license number if student is licensed in West Virginia;</p> <p><u>5-7.6.a.2.</u> name and license number of clinical supervisor;</p> <p><u>5-7.6.a.3.</u> name and location of the clinical facility;</p> <p><u>5-7.6.a.4.</u> name and license number of the nursing faculty responsible for the evaluation and oversight of the student's clinical learning experiences;</p> <p><u>5-7.6.a.5.</u> submit documentation verifying the program has accreditation by the residing state board of nursing or national nursing accreditation body;</p> <p><u>5-7.6.a.6.</u> comply with all standards of the rule including those related to clinical supervision of student learning experiences. The Board may request periodic report for the purpose of data collection or to determine compliance with the provisions of this rule.</p>	<p>school for clinical hours. It seems that the Board may never even be aware of that. How is that enforced? Because students often remain at facilities in which they perform their clinical hours WV facilities hosting out of state students (if there is room after giving in-state schools placement preferences) may be a way to recruit more nurses into the state to alleviate the shortage. If a hospital agreed to allow an out of state student to do clinical hours in their facility, without the educational program that has the student seeking this approval, would the hosting hospital facility be complicit in wrongdoing? If not the hospital facility, what authority does the Board have over out of state programs to enforce this measure? It seems more appropriate to have a contractual agreement between the hosting facility and the out of state educational program than have the Board be involved in this arrangement.</p>	
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	<p><u>57.87.</u> Expansion of a <u>non-national nursing accredited nursing education program</u> requires <u>approval agreement</u> from the Board <u>if the program seeks greater than a 25% expansion.</u> Only those programs with full <u>accreditation approval</u> status may submit requests to the Board to initiate expansion of a program.</p>	<p>Is it standard for a professional/occupational licensing Board to set limits for program size? Do other Boards limit the expansion of educational programs for their specific area of licensure?</p>	
<p><u>§19-1-68. Loss of Accreditation Board Approval or National Nursing Accreditation</u></p>	<p><u>68.1.a.1.</u> deficiencies in compliance with this rule, <u>student retention, attrition and on-time graduation rates;</u></p> <p><u>68.1.a.2.</u> utilization of students to meet staffing needs in health care facilities <u>and/or sufficient/adequate type and number of faculty, faculty competence and faculty retention/turnover</u></p>	<p>As above, there does not appear to be a clear indication of an acceptable level of student retention, attrition and on-time graduation rates.</p> <p>Again we realize the need to have a method to take into account special situations but those should be the exception and programs should have more specific guidance to assure they know with what expectations they are expected to comply.</p>	
	<p><u>68.2.</u> Loss of <u>accreditation approval</u> through change of organization. When a program changes ownership or control, the Board shall automatically withdraw <u>approval accreditation.</u> The new owner or organization shall comply with the provisions of subsection 5.3. of this rule to continue the nursing education program.</p>	<p>Why does the mere change of ownership or, less clear, changes in "control" (ie: new University President? New Board of Governors?, etc.) mandate an automatic withdrawal of Board approval if students, faculty, administrators, clinical facilities and staff have no noticeable change in day to day operations? What happens to the students should this occur in the middle of their program?</p>	

§19-1-810. Reports.	<p>810.1. The nursing education unit shall submit an annual report to the Board by September 1 of each year for each nursing program accredited by the Board. <u>Non-national nursing accredited nursing education programs shall submit annual reports on forms provided by the Board.</u> Data included in this annual report shall be determined by the Board</p>	What is the data that the programs need to collect in order to report?	Provide a specific list of variables that will be listed on the annual report.
	<p>8.5. At the Board's discretion, it may request additional reports from a nursing education unit to include, but not be limited to, written plans for improving licensure examination pass rates of graduates and progress reports</p>	If additional information is required to be collected it would be beneficial for programs to be aware of what elements they may need to present	Provide additional specifics regarding what may be requested. 
§19-1-13. Curriculum.	<p>13.2. The nursing courses shall be supported by courses which meet the requirements of the governing organization, including biological, physical, <u>social and behavioral science courses to provide a foundation for safe and effective nursing practice.</u></p>	Requiring specific courses in all of these areas may be in conflict with higher education statute/rules which limit the total number of credit hours of programs (Associates 60 hours; Baccalaureate 120 hours). Thus programs had to cut back on some of their courses and immerse the concepts of all of these areas throughout the curriculum to meet the total hour cap. Adding back courses in all of these areas may create a conflict in compliance with one area of the rules while deviating from another.	

It is apparent that much of the added/amended language was taken from the National Council of State Boards of Nursing (NCSBN) Model Rules which adds credibility and uniformity to state nursing rules. However, there do appear to be some areas in which the language from the NCSBN either conflicts with other areas of WV policy, deviates from the legislative intent reflected from laws passed during the 2018 legislative session, or do not align with the specific concerns of nursing and healthcare stakeholders in our state.

Thank you for reflecting on these questions and considering suggested language when presented.

Warmest regards,

Toni DiChiacchio

Dr. Toni DiChiacchio, DNP, APRN, FNP-BC, CEN, FAANP
President, West Virginia Nurses Association

Dr. Sue Painter, DNP, RN
Executive Director

email: rnboard@wv.gov
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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Avenue, SW
Suite 203
South Charleston, WV 25303-1443

July 25, 2018

Dr. Toni DiChiacchio, DNP, APRN, FNP-BC, CEN, FAANP
President – West Virginia Nurses Association
P.O. Box 1946
Charleston, West Virginia 25327

Dear Dr. DiChiacchio:

The West Virginia Board of Examiners for Registered Professional Nurses appreciates the letter from the West Virginia Nurses Association.

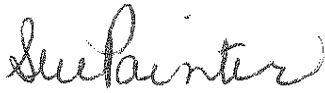
Nursing is one of the health professions that can cause harm to the public if practiced by someone who is unprepared and/or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners. The following is a summary of decisions related to the request for modification(s):

- The definition in §19CSR1-2.1 was modified to include some of the language suggested by your organization.
- The definition in §19CSR1-2.5 was modified to include some of the language suggested by your organization.
- In §19CSR1-2.6 and §19CSR1-5.1.d.6, the National Council of State Boards of Nursing (2017) defines a "Preceptor" means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, or supervisor in a clinical setting. This supports the premise of clinical competency as opposed to "current knowledge" of nursing practice. The Board is not implying they will interact and approve the preceptor -that is and has always been the programs responsibility to determine.
- The recommendation to delete §19CSR1-2.6 was reviewed and discussed. The Board stated approval and continuing approval are separate elements in the process.
- The Board modified §19CSR1-2.19 and §19CSR1-3.1.a as requested.
- Related to §19CSR1-3.1.d the Board did not add the recommended language. The Board cannot "assure a graduate is eligible to take the state licensing exam based on state accredited nursing program" as the Board no longer accredits programs.
- After consideration of all comments received, the Board modified §19CSR1-5 by changing the word integral to integrated.

- For §19CSR1-5.1.a.1.C, the Board did modify to clarify the intent to have these topics as content and not specific courses.
- The Board considered all suggestions to §19CSR1-5.1.a.1.D.1 and made no changes as this is based in best practice and provides flexibility.
- The Board approved requested change to the administrator qualifications (§19CSR1-5.1.c.1.B) and those changes are congruent with the national nursing accreditors recognized by the US Department of Education.
- The term sufficient in §19CSR1-5.1.d.1 is determined the nursing program not the Board.
- The Board approved some changes based on all comments received and did remove the subsections §19-1-6 a-h. The Board is in progress to modify the application to remove any item related to those requirements.
- There were modifications to §19-1-6.1 a-h which outlines the application however §19-1-6.2 is requesting a verification that the specifics are in place and the program is ready to admit students. If a program is ready to do both, there is no reason this could not be done.
- For your comments related to §19-1-6.4, the Board made no changes to the language. Historically, the Board would have visited the nursing program at least once during the initial year of operation. This one visit after the initial graduating cohort will allow for collaboration between the program and the Board. The standards are in §19-1-5, §19-1-11, §19-1-12, §19-1-13 §19-1-14 and §19-1-15.
- For §19-1-7.c and §19-1-8, the Board made no changes as the program will define the parameters.
- The suggestions for deletion of §19-1-7.3.c were considered however the Board felt that if a concern was identified by a trend of the position of the director changing, this could indicate problems within the program.
- For §19-1-7.5 Distance-learning programs have been included historically and the Board did not have evidence the justification to exclude these programs.
- The Board has deleted the subsection §19-1-7.6.
- The Board is concerned the expansion (§19-1-7.7) of a “provisionally” state approved program places patient safety at risk. The West Virginia Association of Deans and Directors of Nursing Education (ADDNE) recommended a cap of 10% expansion of approved programs is sound. The Board modified this subsection to reflect the West Virginia subject matter experts’ recommendation.
- The Board cannot “assure a graduate is eligible to take the state licensing exam based on state accredited nursing program” as the Board no longer accredits programs.
- For §19-1-8.2, a change in ownership is considered a substantive change by ACEN and the organization requests 4 months advanced notice of such a change to permit the approval for continued accreditation. The Board determined to continue this national standard. Note a typographic correction was made.
- In reference to reporting For §19-1-10, only 2 comments were received. This annual report was revised in collaboration with the Deans and Directors late in 2017.

The modified rules will be available for review through the Secretary of State's web site by July 27, 2018.

For the Board,

A handwritten signature in cursive script, appearing to read "Sue Painter".

Sue Painter DNP RN

90 MacCorkle Avenue SW

Suite 203

South Charleston, West Virginia 25303



July 19, 2018

Dr. Sue Painter
90 MacCorkle Avenue, Southwest
Suite 203
Charleston, West Virginia 25303

Re: Comments on 19CSR1, Policies, Standards and Criteria for the Evaluation,
Approval and Accreditation of Prelicensure Nursing Education

Dear Dr. Painter:

The West Virginia Health Care Association represents 122 long-term care facilities in our state. Our facilities employ more than 18,000 caregivers who care for approximately 12,000 West Virginians daily.

We reviewed the board's proposed changes to 19CSR1 not as a nursing program regulated by the rule but as a health care provider that recognizes the ever-increasing need for nurses in our state. West Virginia is undoubtedly facing a critical shortage of nurses, and we believe that every effort must be made to encourage the expansion of nursing programs to meet the demand.

The following are the association's comments on 19CSR1, Policies, Standards and Criteria for the Evaluation, Approval and Accreditation of Prelicensure Nursing Education:

SERIES 1

POLICIES , STANDARDS AND CRITERIA FOR THE EVALUATION, APPROVAL AND ACCREDITATION OF PRELICENSURE NURSING EDUCATION COLLEGES, DEPARTMENTS OR SCHOOLS OF NURSING

- Throughout the rule, the term "prelicensure" is used. We did not identify any license granted by the board to a nursing program. Perhaps the better term would be "preapproval," as the board may grant approval to a nursing program, not licensure.

§19-1-5. Required Criteria for Prelicensure Nursing Education Programs.

§19-1-13. Curriculum.

- Both sections 5 and 13 contain curriculum requirements for nursing programs. Two separate sections covering the same subject may lead to inconsistencies and conflicts.

5.1.a.1.C. Coursework including, but not limited to:

5.1.a.1.C.1. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;

5.1.a.1.C.2. Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care; and

- Currently in 19CSR1, curriculum is not required to contain instruction on the social sciences, though it is our understanding that it is taught throughout the coursework in nursing programs. As long-term care providers, we recognize the importance of the social sciences, especially as our nurses develop long-term relationships with our residents. However, we also recognize that associate's degree in nursing programs are limited to 60 hours of instruction. It is our hope that the term "content" means that the social sciences must be incorporated into coursework and not that they be required to be a stand-alone course. If "content" means that each subject listed must be a stand-alone course, then we request that the social sciences be removed so the focus of our nursing education programs remains on the biological sciences.

5.1.c. Administrator qualifications.

5.1.c.1. Administrator qualifications in a program shall include:

5.1.c.1.B. A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree;

5.1.c.1.C. Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation; and

5.1.c.1.D. A current knowledge of registered nursing practice

- This proposed language would require the administrator of a nursing program to have a doctoral degree. Nurses with doctorates are not prevalent in West Virginia and this would be a difficult requirement for our nursing programs to meet.
- It is our understanding, based on comments made at a recent Board of Nursing meeting, that it was not the board's intention to require the administrator of a nursing program to have a doctorate and that this was simply a typographical error. It is our hope that this requirement will be changed.

§19-1-6. Establishment of a New Prelicensure Nursing Education Program Application for Legal Accreditation.

46.1. The application fee for establishing a new program and to receive legal accreditation of a professional nursing education program and initial on-site visit is fifty dollars (\$50). A governing institution that plans to establish a new nursing education program for the preparation of practitioners of registered professional nursing shall complete and submit such application for accreditation approval to the Board a minimum of 6 months in at least thirty (30) days prior to a regularly scheduled Board meeting and in advance of the expected opening date and shall include:

46.1.a. a letter of intent identifying the governing institution, the type of nursing education program, and the status of approval from accrediting bodies and state agencies Results of a needs assessment, including identification of potential and available students and employment opportunities for program graduates;

- The Legislature removed the needs assessment from rule during the 2018 Legislative Session. Many believe need assessments limit the opening and expansion of nursing programs at a time when our state is in desperate need of nurses. Additionally, need assessments can be very subjective, not objective. We hope the Legislative intent will be followed and needs assessments are eliminated from the rule.

46.1. The application fee for establishing a new program and to receive legal accreditation of a professional nursing education program and initial on-site visit is fifty dollars (\$50). A governing institution that plans to establish a new nursing education program for the preparation of practitioners of registered professional nursing shall complete and submit such application for accreditation approval to the Board a minimum of 6 months in at least thirty (30) days prior to a regularly scheduled Board meeting and in advance of the expected opening date and shall include:

6.1.f. Availability of qualified faculty and program administrator:

- The proposed rule requires a nursing program to identify faculty and an administrator before obtaining approval from the board. Few educators will commit to work for a program that does not exist. We suggest this requirement be removed and that the information be submitted after program approval is granted and 120 days before accepting students into the program.

68.1. Loss of accreditation through failure to meet standards. The Board may withdraw accreditation from any nursing education program which fails to meet legal and educational requirements or Board standards to the satisfaction of the Board within a reasonable time period as determined by the Board. The program shall be removed from the list of Board approved

~~professional nursing education programs. The Board shall notify the administrator of the nursing education unit in writing of deficiencies in the nursing education program. Loss of national nursing accreditation. fail to meet standards in 19CSR1 or fail to meet national accreditation nursing standards and lose national nursing accreditation. The Board shall immediately withdraw approval of a program if the program's national nursing accreditation is loss. Board approval shall be granted once the nursing program's national accreditation is fully reinstated. Any program seeking approval by the Board which does not have national accreditation, must submit an application as a new program and meet all new program requirements contained in this rule.~~

- Based on the proposed language, should a nursing program lose national nursing accreditation, it must immediately close. What happens to students who are already in the program? Approval from the board may take too long and students will be affected adversely. We request language be added allowing a nursing program to "teach out" its current students before closing its doors to allow those students to obtain their degrees.

We thank you for your consideration of our comments and we look forward to receiving your response.

Sincerely,

A handwritten signature in dark ink, reading "Megan Roskovensky". The signature is fluid and cursive, with the first name "Megan" being more prominent and the last name "Roskovensky" following in a similar style.

Megan Roskovensky

Director of Government Relations

Dr. Sue Painter, DNP, RN
Executive Director

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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Avenue, SW
Suite 203
South Charleston, WV 25303-1443

July 25, 2018

Megan Roskovensky
Director of Government Relations
West Virginia Health Care Association
110 Association Drive
Charleston, West Virginia 25311

Dear Ms. Roskovensky:

The West Virginia Board of Examiners for Registered Professional Nurses appreciates the letter from the West Virginia Health Care Association.

Nursing is one of the health professions that can cause harm to the public if practiced by someone who is unprepared and/or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners.

Throughout the nursing industry, the distinction is made between "prelicensure nursing education programs" and "post licensure nursing education programs. Prelicensure indicates any nursing education program which educates individuals who want to become Registered Professional Nurses.

The post licensure programs are nursing education programs for licensed Registered Professional Nurses to advance their degree. The term prelicensure is used to indicate what program types the Board has authority to set policies, standards and criteria for the evaluation, approval and accreditation therefore, the term is needed.

The Board approved some changes to related to sections 5 and 13 containing curriculum requirements for nursing programs.

The Board approved a change to the administrator qualifications and based those changes to be congruent with the national nursing accreditors recognized by the US Department of Education. You are correct this was not the Boards intention and was a typographical error.

The Board approved some changes based on all comments received and did remove the subsections §19-1-6.1 a-h. The Board is in progress to modify the application to remove any item related to those requirements.

The Board can not intervene with a program until the national nursing accreditation is lost. According to Accreditation Commission for Education in Nursing (ACEN) as well as the Commission on Collegiate Nursing Education (CCNE) policies govern this process. Each of the organizations have an appeal process which the program may utilize. Each of their website explain the processes involved. The program will need to apply as a program without this national nursing accreditation and meet the new program requirements.

The modified rules will be available for review through the Secretary of State's web site by July 27, 2018.

For the Board,

A handwritten signature in cursive script, appearing to read "Sue Painter".

Sue Painter DNP RN
90 MacCorkle Avenue SW
Suite 203
South Charleston, West Virginia 25303